



PATENT
IN THE UNITED STATES PATENT OFFICE

Applicant: Amit Singh
Assignee: Xilinx, Inc.
Title: "Circuit Clustering During Placement"

Serial No.: 10/676,929 File Date: 09-30-03
Examiner: Unknown Art Unit: Unknown
Docket No.: X-1495 US

Mail Stop NON-FEE AMENDMENT
COMMISSIONER FOR PATENTS
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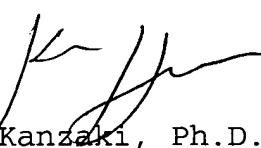
Dear Sir:

Pursuant to 37 C.F.R. 1.56, Applicant hereby submits one (1) reference listed in the attached Substitute for Form 1449A/PTO.

This reference was cited in the above-referenced patent application at the time of its filing but at the time of filing, Applicant did not have a copy of the reference available.

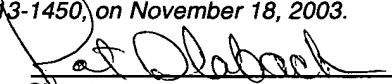
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Respectfully submitted,


Kim Kanzaki, Ph.D.
Attorney for Applicant
Reg. No. 37,652

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Sheet 1 of 1

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<p>Sheet</p>		<p>1</p>	<p>of</p>	<p>1</p>	<p>Application / Conf. N .</p>	<p>Unknown /</p>
				<p>Filing Dat</p>	<p>September 30, 2003</p>	
				<p>First Named Invent r</p>	<p>Amit Singh</p>	
				<p>Art Unit</p>	<p>Unknown</p>	
				<p>Examiner Name</p>	<p>Unknown</p>	
				<p>Attorney Docket Number</p>	<p>X-1495 US</p>	

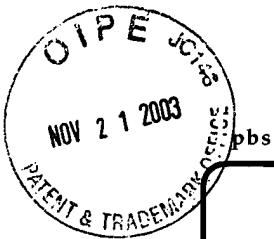
OTHER - NON PATENT LITERATURE DOCUMENTS

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.

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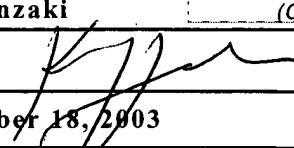
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application / Conf. No.	10/676,929 / Unknown
Mail Stop: NON-FEE AMENDMENT		Filing Date	September 30, 2003
Express Mail Receipt No.		First Named Inventor	Amit Singh
Total Number of Pages in This Submission		Examiner Name	Unknown
		Art Unit	Unknown
		Patent No.	
		Attorney Docket Number	X-1495 US

ENCLOSURES (check all that apply)

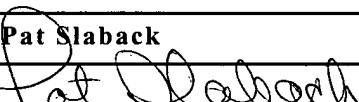
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Attn:	Kim Kanzaki		
Signature			
Date	November 18, 2003	Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040	

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